

REQUEST FOR DISPOSAL OF EQUIPMENT/FURNITURE

Date: _____ Requested By: _____
(Name - PLEASE PRINT) (Phone Number)

Current Location of Items _____
(Campus Location & Room Number)

Reason for Disposal _____

Original Purchase Price: \$ _____ Date of Acquisition: Month _____ Year _____
Please contact Fixed Asset Manager with questions regarding cost and date acquired.

DESCRIPTION OF ITEM <i>Please include Mfg, Make, and Model Name/No.</i>	MATC Property Tag No.	Serial Number	For Facilities Management Use Only	
			Is Item Functional? <small>(Circle One)</small>	Item Disposition
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	_____

* DO NOT remove MATC asset tags from item(s)

Department Director or Dean Authorization: _____
(Signature) (Printed Name) (Date)

Route Completed Form to Facilities Management – Room M82

FOR FACILITIES MANAGEMENT USE ONLY

Disposition: Scrapped ➡ 1 Trade-in ➡ 2 Sold ➡ 3 Estimated Net Proceeds \$ _____ or Est. Net Cost \$ _____

Comments: _____

Copy distributed to Fixed Asset Manager: Date ____/____/____

Signature and Date: _____
(Campus Operations Manager)

Signature and Date: _____
(Asset Manager)